

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

33930

## 1. PLACE OF DEATH

County OsageRegistration District No. 642Township WashingtonPrimary Registration District No. 4386City Westphalia Mo

St. \_\_\_\_\_ Ward \_\_\_\_\_

12. FULL NAME Christine Haer

(a) Residence, No. \_\_\_\_\_

St. \_\_\_\_\_

Ward. \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 89 yrs. - mos. - ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED <u>HUSBAND-OR</u> (OR) WIFE OF <u>Herman Haer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5/11, 1844</u>		
7. AGE <u>89</u>	YEARS <u>5</u>	MONTHS <u>16</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>		
10. Date deceased last worked at this occupation (month and year) <u>0</u>		
11. Total time (years) spent in this occupation <u>0</u>		

12. BIRTHPLACE (CITY OR TOWN) Osage Co. Mo  
(STATE OR COUNTRY)13. NAME Anton Fachtel14. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)15. MAIDEN NAME Christine Ostermeyer16. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)17. INFORMANT Herman Haer  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Westphalia bur DATE Oct 30, 193319. UNDERTAKER John H. Daniel and neighbors of  
(ADDRESS)20. FILED Oct 29, 33 Mary L. Payer  
Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28, 193322. I HEREBY CERTIFY, That I attended deceased from 8/15, 1933, to 10/28, 1933I last saw her alive on Oct 1st, 1933. Death is saidto have occurred on the date stated above, at 3:00 a.m.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis & Senility

Other contributory causes of importance

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1933

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? noSignature Conrad S. Verhoff, M. D.

(Signed) \_\_\_\_\_

(Address) Westphalia Mo

